As the below named inventor(s), I/we declare that:

X The attached application, or

amended by any amendment specifically referred to above;

This declaration is directed to:

which a patent is sought;

TO: Assistant Commissioner for Patents, Washington, DC 20231

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Application No. _____, filed on____

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for

If we have reviewed and understand the contents of the above-identified application, including the claims, as

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which

as amended on ______(if applicable);

date of the continuation-in-part application, if applicable; and			
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.			
FULL NAME OF INVENTOR(S)			
Inventor one: Kim B. Roberts			
Signature: / Mm B By Buts	Citizen of: Canada		
Inventor two: Giuseppe G. Bordogna			
Signature: July of the	Citizen of: Canada		
Inventor three: Riyaz Bamal			
Signature:	Citizen of: Canada		
Inventor four: Douglas D. McGhan			
Signature: Jany My	Citizen of: Canada		
Additional inventors are being named on1	additional form(s) attached hereto.		
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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Application No. _____, filed on__ as amended on _____

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as

As the below named inventor(s), I/we declare that:

The attached application, or

amended by any amendment specifically referred to above;

This declaration is directed to:

which a patent is sought;

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to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and			
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.			
FULL NAME OF INVENTO	R(S)		
Inventor one: Maurice S	O'Sullivan		
Signature: 2501	Citizen of: Canada		
Inventor two:			
Signature:	Citizen of:		
Inventor three:			
Signature:	Citizen of:		
Inventor four:			
Signature:	Citizen of:		
Additional inventors are being	named onadditional form(s) attached hereto.		
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Application Number	
Filing Date	
First Named Inventor	Kim B. Roberts
Title MEASUREMENT OF POLARIZATION DEPENDE AN OPTICAL TRANSMISSION SYSTEM	
Group Art Unit	
Examiner Name	
Attorney Docket Number	9-13528-152US

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Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Kim B. Roberts				
Signature mm h Bhyts				
Date				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				
forms if more than one signature is required, see below*. If the signature is required, see below if the signature is required.				

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Application Number	
Filing Date	
First Named Inventor	Kim B. Roberts
Title	MEASUREMENT OF POLARIZATION DEPENDENT LOSS I AN OPTICAL TRANSMISSION SYSTEM
Group Art Unit	
Examiner Name	
Attorney Docket Number	9-13528-152US

Practitioners at Customer Number OR Practitioner(s) named below: Name Name Registration Number Name Registration Number Name Name Name Registration Number Name N	I hereby appoint:							
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Address Address I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Giuseppe G. Bordogna Signature Date Date Date Date Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple or mere if more than one signature is required, see below.		ner(s) na	amed below:					
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The above-mentioned Customer Number. OR Practitioners at Customer Number								
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Firm or Individual Name Address Address Address City Country Telephone Fax I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Giuseppe G. Bordogna Signature Date Dat	Practitione	rs at Cu	stomer Number			N	umber Bar Code	
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SIGNATURE of Applicant or Assignee of Record Name Giuseppe G. Bordogna Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple orms if more than one signature is required, see below.	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO(SB)96)							
Name Giuseppe G. Bordogna Signature Date Date OVET: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple over signature is required, see below."								
Date 26 July 200 / WOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple orms if more than one signature is required, see below.	Name	Giusep						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple orms if more than one signature is required, see below.	Signature	7 /10	us Ble					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple orms if more than one signature is required, see below*.	Date 26 th July 200 /			-				
strain thore than one signature is required, see below .	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
	Total of 5	signature i	ns are submitted.					

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Application Number Filing Date First Named Inventor Kim B. Roberts MEASUREMENT OF POLARIZATION DEPENDENT LOSS II Title AN OPTICAL TRANSMISSION SYSTEM **Group Art Unit Examiner Name** 9-13528-152US Attorney Docket Number

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Firm or Individual Name				
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City	State Zip			
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I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Riyaz B. Jamal				
Signature				
Date Tuly 9, 2001				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
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Application Number	
Filing Date	
First Named Inventor	Kim B. Roberts
Title MEASUREMENT OF POLARIZATION DEPENT AN OPTICAL TRANSMISSION SYSTEM	
Group Art Unit	
Examiner Name	
Attornov Docket Number	9-13528-152US

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Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assignee of Record			
Name Douglas D. McGhan			
Signature Aug M			
Date 26, 2001			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			
forms if more than one signature is required, see below*. Total of 5 forms are submitted.			

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Title
Group Art Unit
Examiner Name
Attorney Docket Number
Filing Date
First Named Inventor
Title
ACPTION. TRANSMESSION SYSTEM
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l am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Maurice S. O'Sullivan Signature 25/tune/2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				
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